1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Adair County		State State
	Street Address 1204 Greensburg Street		☐ Federal
	City, State Zip Columbia, KY 42728		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing		Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$36,681.00	No.	specific program guidelines to be disseminated by
6	Period of Award:	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	DJUST	MENT
	KENTHCKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	O1 L	Date: January 20, 2016
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Allen County		State State
	Street Address 570 Oliver Street		☐ Federal
	City, State Zip Scottsville, KY 42164		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$41,081.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAG	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anchorage Ind.		State State
	Street Address 11400 Ridge Road		☐ Federal
	City, State Zip Anchorage, KY 40223		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III _	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
	(V7) ()		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$5,312.00	*	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD FOR
12	Consortia/Partnership Members: N/A	F	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	JUST	MENT
	KENTHERY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Anderson County		State ■ State ■ State ■ State ■ State ■ State
	Street Address 1160 Bypass North		☐ Federal
	City, State Zip Lawrenceburg, KY 40342		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	II	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
	~ LV7/ ()		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$51,672.00	N	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A	F	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ashland Ind.		State State
	Street Address P.O. Box 3000		☐ Federal
	City, State Zip Ashland, KY 41101		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$42,595.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Augusta Ind.		State State
	Street Address 307 Bracken Street		☐ Federal
	City, State Zip Augusta, KY 41002		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$3,765.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ballard County		State State
	Street Address 3465 Paducah Road		☐ Federal
	City, State Zip Barlow, KY 42024		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$17,990.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barbourville Ind.		State State
	Street Address P.O. Box 520		☐ Federal
	City, State Zip Barbourville, KY 40906		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$9,193.00		specific program guidelines to be disseminated by
6	Period of Award: Population & P	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bardstown Ind.		State State
	Street Address 308 North 5th Street		☐ Federal
	City, State Zip Bardstown, KY 40004		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
	~ (V7) ()		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$34,845.00	, and the	specific program guidelines to be disseminated by
6	Period of Award:	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	✓1 lm	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Barren County		State State
	Street Address 202 West Washington Street		☐ Federal
	City, State Zip Glasgow, KY 42141		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$66,356.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bath County		State State
	Street Address 405 West Main Street		☐ Federal
	City, State Zip Owingsville, KY 40360		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$28,558.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAG	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Beechwood Ind.		State State
	Street Address 50 Beechwood Road		☐ Federal
	City, State Zip Ft. Mitchell, KY 41017		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7/	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$18,608.00)	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		SS
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bell County		State State
	Street Address P.O. Box 340		☐ Federal
	City, State Zip Pineville, KY 40977		Other:
		8	Method of Payment:
2	KDE Contact Information:	V III	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$38,524.00	1	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		IED FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	OJUS1	MENT
	KENTHERY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bellevue Ind.		State State
	Street Address 219 Center Street		☐ Federal
	City, State Zip Bellevue, KY 41073		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$9,929.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Berea Ind.		State State
	Street Address 3 Pirate Parkway		☐ Federal
	City, State Zip Berea, KY 40403		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$15,158.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boone County		State State
	Street Address 8330 US 42		☐ Federal
	City, State Zip Florence, KY 41042		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\mathcal{L}I$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$280,957.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I Im	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bourbon County		State State
	Street Address 3343 Lexington Road		☐ Federal
	City, State Zip Paris, KY 40361		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7/	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$36,942.00)	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bowling Green Ind.		State State
	Street Address 1211 Center Street		☐ Federal
	City, State Zip Bowling Green, KY 42101		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$55,889.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD T ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyd County		State State
	Street Address 1104 Bob McCullough Drive		☐ Federal
	City, State Zip Ashland, KY 41102		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	II	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$43,488.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Boyle County		State State
	Street Address 352 N. Danville Bypass		☐ Federal
	City, State Zip Danville, KY 40422		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$36,503.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bracken County		State State
	Street Address 348 West Miami Street		☐ Federal
	City, State Zip Brooksville, KY 41004		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$17,234.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAR	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		S S
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breathitt County		State State
	Street Address P.O. Box 750		☐ Federal
	City, State Zip Jackson, KY 41339		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$27,055.00	, and the second	specific program guidelines to be disseminated by
6	Period of Award:	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	✓1 lm	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Breckinridge County		State State
	Street Address #86 Airport Road		☐ Federal
	City, State Zip Hardinsburg, KY 40143		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$37,286.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Bullitt County		State State
	Street Address 1040 Highway 44E		☐ Federal
	City, State Zip Shepherdsville, KY 40165		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$180,044.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAR	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Burgin Ind.		State State
	Street Address P.O. Box B		☐ Federal
	City, State Zip Burgin, KY 40310		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	☐ Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$6,614.00)	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 hm	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Butler County		State State
	Street Address P.O. Box 339		☐ Federal
	City, State Zip Morgantown, KY 42261		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$29,869.00	N	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caldwell County		State State
	Street Address P.O. Box 229		☐ Federal
	City, State Zip Princeton, KY 42445		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$27,715.00	N	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	- 2-1.1	ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	DJUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Calloway County		State State
	Street Address P.O. Box 800		☐ Federal
	City, State Zip Murray, KY 42071		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ ·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds)	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$42,644.00		specific program guidelines to be disseminated by
6	Period of Award: Population & P	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Campbell County		State State
	Street Address 101 Orchard Lane		☐ Federal
	City, State Zip Alexandria, KY 41001		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$68,433.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

Street Address 136 South Columbia City, State Zip Campbellsville, KY 42718	State Federal Other: d of Payment: Federal Cash Request
City, State Zip Campbellsville, KY 42718	Other: d of Payment:
	d of Payment:
8 Method	<u>.</u>
8 Method	· ·
	Federal Cash Request
2 KDE Contact Information:	
Program Consultant – Phone # See attached listing	Expenditure Reimbursement
Street Address 500 Mero Street	Automatic Payment
Budget Contact – Phone # Nicole Crosthwaite	Lump Sum
Street Address 500 Mero Street	Receipt of Invoice from Vendor
City, KY Zip Frankfort, KY 40601	
	ursement Frequency:
	Monthly
	Quarterly
Fund Source State General Funds	Other
CFDA# N/A	
MUNIS Project Number Professional Development – 140B 10 Finance	ial Reporting Method:
Master Agreement Number N/A	Electronic Submission
	Other
4 Grant Authority (Source):	
Professional Development KRS 156.095	
	tions: Each program will be evaluated per
	c program guidelines to be disseminated by
6 Period of Award: Document & Document & Document & KDE Plant	rogram Contacts.
July 1, 2015-Septmerber 30, 2016	On
12 Consortia/Partnership Members: N/A	S
13 Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA ADJUSTMENT	
KENTUCKY DEPARTMENT OF EDUCAT	FION
	January 20, 2016
Division of Budgets & Financial Management	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carlisle County		State State
	Street Address 4557 State Route 1377		☐ Federal
	City, State Zip Bardwell, KY 42023		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$10,298.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carroll County		State State
	Street Address 813 Hawkins Street		☐ Federal
	City, State Zip Carrollton, KY 41008		Other:
		8	Method of Payment:
2	KDE Contact Information:	M .	Federal Cash Request
	Program Consultant – Phone # See attached listing	1//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	1	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$25,694.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Carter County		State State
	Street Address 228 S. Carol Malone Blvd.		☐ Federal
	City, State Zip Grayson, KY 41143		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$62,712.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Casey County		State State
	Street Address 1922 N. US 127		☐ Federal
	City, State Zip Liberty, KY 42539		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$31,013.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Caverna Ind.		State State
	Street Address PO Box 240		☐ Federal
	City, State Zip Horse Cave, KY 42749		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$9,875.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Christian County		State State
	Street Address P.O. Box 609		☐ Federal
	City, State Zip Hopkinsville, KY 42240		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$122,337.00	P	specific program guidelines to be disseminated by
6	Period of Award: Properties Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clark County		State State
	Street Address 1600 West Lexington Avenue		☐ Federal
	City, State Zip Winchester, KY 40391		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	II	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$75,078.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clay County		State State
	Street Address 128 Richmond Road		☐ Federal
	City, State Zip Manchester, KY 40962		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$43,461.00		specific program guidelines to be disseminated by
6	Period of Award: Properties Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Clinton County		State State
	Street Address Rt 4 Box 100 Hwy. 127		☐ Federal
	City, State Zip Albany, KY 42602		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$23,668.00	N	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	- 2-1.1	ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	DJUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Cloverport Ind.		State State
	Street Address P.O. Box 37		☐ Federal
	City, State Zip Cloverport, KY 40111		Other:
		8	Method of Payment:
2	KDE Contact Information:	111 -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	76	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$5,919.00).	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAR	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		SS
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	TMENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Corbin Ind.		State State
	Street Address 108 Roy Kidd Avenue		☐ Federal
	City, State Zip Corbin, KY 40701		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	70-	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
	(V7) ()		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$41,025.00		specific program guidelines to be disseminated by
6	Period of Award:	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		IED FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Covington Ind.		State State
	Street Address 25 East Seventh Street		☐ Federal
	City, State Zip Covington, KY 41011		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$52,920.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAG	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Crittenden County		State State
	Street Address 601 West Elm St.		☐ Federal
	City, State Zip Marion, KY 42064		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$17,979.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

Agency Name Cumberland County Street Address P.O. Box 420 City, State Zip Burkesville, KY 42717	
City, State Zip Burkesville, KY 42717 Other: 8 Method of Payment:	
8 Method of Payment:	
2 KDE Contact Information:	
	equest
Program Consultant – Phone # See attached listing	imbursement
Street Address 500 Mero Street 🔲 Automatic Payr	nent
Budget Contact – Phone # Nicole Crosthwaite Lump Sum	
Street Address 500 Mero Street Receipt of Invo	ce from Vendor
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Freq	uency:
3 Description/Fund Source of Award and Fiscal Year:	
Description Flexible Focus Funds Quarterly	
Fund Source State General Funds	
CFDA# N/A	
MUNIS Project Number Professional Development – 140B 10 Financial Reporting I	Method:
Master Agreement Number N/A	nission
Other	
4 Grant Authority (Source):	
Professional Development KRS 156.095	
	ogram will be evaluated per
	delines to be disseminated by
6 Period of Award: Document & Document & Contact	ts.
July 1, 2015-Septmerber 30, 2016	
12 Consortia/Partnership Members: N/A	
13 Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA ADJUSTMENT	
KENTUCKY DEPARTMENT OF EDUCATION	
14 Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch Date: January 20, 20	16
Division of Budgets & Financial Management	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Danville Ind.		State State
	Street Address 152 E. Martin Luther King Blvd.		☐ Federal
	City, State Zip Danville, KY 40422		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$24,838.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Daviess County		State State
	Street Address P.O. Box 21510		☐ Federal
	City, State Zip Owensboro, KY 42304		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$153,640.00		specific program guidelines to be disseminated by
6	Period of Award: Property & Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dawson Springs Ind.		State State
	Street Address 118 East Arcadia Avenue		☐ Federal
	City, State Zip Dawson Springs, KY 42408		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing		Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$8,911.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD T ON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Dayton Ind.		State State
	Street Address 200 Clay Street		☐ Federal
	City, State Zip Dayton, KY 41074		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ ·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds)	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$12,456.00		specific program guidelines to be disseminated by
6	Period of Award:	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name East Bernstadt Ind.		State State
	Street Address P.O. Box 128		☐ Federal
	City, State Zip East Bernstadt, KY 40729		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds)	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$6,447.00		specific program guidelines to be disseminated by
6	Period of Award: Population & P	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		SS
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14		J1 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA ADA AUTORIZED By (Name/Title): Nicole Crosthwaite, Budget Branch	of E	MENT Date: January 20, 2016

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Edmonson County		State State
	Street Address P.O. Box 129		☐ Federal
	City, State Zip Brownsville, KY 42210		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\mathcal{L}I$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$26,102.00	1	specific program guidelines to be disseminated by
6	Period of Award:	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		IED FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTHCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Elizabethtown Ind.		State State
	Street Address 219 Helm Street		☐ Federal
	City, State Zip Elizabethtown, KY 42701		Other:
		8	Method of Payment:
2	KDE Contact Information:	M .	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds	9	Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$34,487.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Elliott County		State State
	Street Address P.O. Box 767		☐ Federal
	City, State Zip Sandy Hook, KY 41171		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$14,564.00		specific program guidelines to be disseminated by
6	Period of Award: Population & P	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Eminence Ind.		State State
	Street Address 291 West Broadway		☐ Federal
	City, State Zip Eminence, KY 40019		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$11,262.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAG	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Erlanger-Elsmere Ind.		State State
	Street Address 500 Graves Avenue		☐ Federal
	City, State Zip Erlanger, KY 41018		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$31,494.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Estill County		State State
	Street Address P.O. Box 930		☐ Federal
	City, State Zip Irvine, KY 40336		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$33,235.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fairview Ind.		State State
	Street Address 2127 Main Street		☐ Federal
	City, State Zip Ashland, KY 41102		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$11,073.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fayette County		State State
	Street Address 701 East Main Street		☐ Federal
	City, State Zip Lexington, KY 40502		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$544,594.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fleming County		State State
	Street Address 211 West Water Street		☐ Federal
	City, State Zip Flemingsburg, KY 41041		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$32,174.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Floyd County		State State
	Street Address 106 North Front Avenue		☐ Federal
	City, State Zip Prestonsburg, KY 41653		Other:
		8	Method of Payment:
2	KDE Contact Information:	V III	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$81,935.00		specific program guidelines to be disseminated by
6	Period of Award: Professional P	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		IED FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	OJUS1	MENT
	KENTHCKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fort Thomas Ind.		State State
	Street Address 28 N. Ft. Thomas Avenue		☐ Federal
	City, State Zip Ft Thomas, KY 41075		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$41,485.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Frankfort Ind.		State State
	Street Address 506 W 2nd St., Suite 2		☐ Federal
	City, State Zip Frankfort, KY 40601		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$11,037.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Franklin County		State State
	Street Address 916 East Main Street		☐ Federal
	City, State Zip Frankfort, KY 40601		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$85,775.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		SS
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton County		State State
	Street Address 2780 Moscow Avenue		☐ Federal
	City, State Zip Hickman, KY 42050		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\perp \prime \prime$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$7,356.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAG	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Fulton Ind.		State State
	Street Address 304 West State Line		☐ Federal
	City, State Zip Fulton, KY 42041		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$5,130.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Gallatin County		State
	Street Address P.O. Box 147		☐ Federal
	City, State Zip Warsaw, KY 41095		Other:
		8	Method of Payment:
2	KDE Contact Information:	V III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	HII	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$22,654.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	E/04	ILD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	DJUST	TMENT
	KENTHCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	VI -	Date: January 20, 2016
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Garrard County		State State
	Street Address 322 West Maple Street		☐ Federal
	City, State Zip Lancaster, KY 40444		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	Federal Cash Request
	Program Consultant – Phone # See attached listing		Expenditure Reimbursement
	Street Address 500 Mero Street	$\mathcal{L}I$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$34,818.00	P	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I Im	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Glasgow Ind.		State State
	Street Address P.O. Box 1239		☐ Federal
	City, State Zip Glasgow, KY 42142		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$29,221.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grant County		State State
	Street Address 820 Arnie Risen Boulevard		☐ Federal
	City, State Zip Williamstown, KY 41097		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$53,516.00	N	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	- 2-1.1	ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	O1 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Graves County		State State
	Street Address 2290 State Route 121 N.		☐ Federal
	City, State Zip Mayfield, KY 42066		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$61,498.00		specific program guidelines to be disseminated by
6	Period of Award: Properties Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Grayson County		State State
	Street Address P.O. Box 4009		☐ Federal
	City, State Zip Leitchfield, KY 42754		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	70	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$58,913.00	*	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Green County		State State
	Street Address P.O. Box 369		☐ Federal
	City, State Zip Greensburg, KY 42743		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$22,191.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Greenup County		State State
	Street Address 45 Musketeer Dr.		☐ Federal
	City, State Zip Greenup, KY 41144		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$38,800.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hancock County		State State
	Street Address 83 State Route 271 North		☐ Federal
	City, State Zip Hawesville, KY 42348		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds)	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$23,013.00		specific program guidelines to be disseminated by
6	Period of Award: Properties Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12			5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14		J1 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	
	Consortia/Partnership Members: N/A Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA ADA AUTORIZED By (Name/Title): Nicole Crosthwaite, Budget Branch	of E	MENT Date: January 20, 2016

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hardin County		State State
	Street Address 65 W.A. Jenkins Road		☐ Federal
	City, State Zip Elizabethtown, KY 42701		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$194,747.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan County		State State
	Street Address 251 Ball Park Road		☐ Federal
	City, State Zip Harlan, KY 40831		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$53,449.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harlan Ind.		State State
	Street Address 420 East Central Street		☐ Federal
	City, State Zip Harlan, KY 40831		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$10,086.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Harrison County		State State
	Street Address 324 Webster Avenue		☐ Federal
	City, State Zip Cynthiana, KY 41031		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$40,770.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hart County		State State
	Street Address 511 W. Union Street		☐ Federal
	City, State Zip Munfordville, KY 42765		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ ·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds)	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$31,179.00		specific program guidelines to be disseminated by
6	Period of Award: Property & Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hazard Ind.		State State
	Street Address 705 Main Street		☐ Federal
	City, State Zip Hazard, KY 41701		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
	(V7)		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$12,950.00		specific program guidelines to be disseminated by
6	Period of Award: Professional P	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LED FOR
12	Consortia/Partnership Members: N/A	F	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTHCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J1 Im	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1 N	lame and Address of Recipient:	7	Fund Type:
A	gency Name Henderson County		State ■
S	Street Address 1805 2nd Street		☐ Federal
	City, State Zip Henderson, KY 42420		Other:
		8	Method of Payment:
2 K	IDE Contact Information:	III _	Federal Cash Request
P	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
S	Street Address 500 Mero Street		Automatic Payment
В	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3 D	Pescription/Fund Source of Award and Fiscal Year:	1/7	Monthly
	Description Flexible Focus Funds		Quarterly
F	fund Source State General Funds		Other
	CFDA# N/A		
N	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		⊠ Electronic Submission
			Other
4 G	Grant Authority (Source):		
l P	Professional Development KRS 156.095	11	
	ward Amount:	11	Evaluations: Each program will be evaluated per
P	Professional Development: \$99,611.00		specific program guidelines to be disseminated by
6 P	Period of Award: Properties A. Properties	DAD	KDE Program Contacts.
J	uly 1, 2015-Septmerber 30, 2016	PAI	EDFOR
12 C	Consortia/Partnership Members: N/A		5 5
13 S	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	TMENT
	KENTUCKY DEPARTMENT	3 F E	DUCATION
14 A	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Henry County		State State
	Street Address 326 S. Main Street		☐ Federal
	City, State Zip New Castle, KY 40050		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\mathcal{L}I$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$29,138.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAG	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hickman County		State State
	Street Address 416 Waterfield Drive North		☐ Federal
	City, State Zip Clinton, KY 42031		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$10,383.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Hopkins County		State State
	Street Address 320 South Seminary Street		☐ Federal
	City, State Zip Madisonville, KY 42431		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	$\mathcal{L}I$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$95,050.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAG	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson County		State State
	Street Address P.O. Box 217		☐ Federal
	City, State Zip McKee, KY 40447		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$28,863.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jackson Ind.		State State
	Street Address 940 Highland Avenue		☐ Federal
	City, State Zip Jackson, KY 41339		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ ·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds)	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$5,192.00		specific program guidelines to be disseminated by
6	Period of Award: Properties Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jefferson County		State State
	Street Address P.O. Box 34020		☐ Federal
	City, State Zip Louisville, KY 40232		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$1,328,706.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jenkins Ind.		State State
	Street Address P.O. Box 74		☐ Federal
	City, State Zip Jenkins, KY 41537		Other:
		8	Method of Payment:
2	KDE Contact Information:	111 -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	76	☐ Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$6,761.00)	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Jessamine County		State State
	Street Address 871 Wilmore Road		☐ Federal
	City, State Zip Nicholasville, KY 40356		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$107,721.00		specific program guidelines to be disseminated by
6	Period of Award: Property & Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Johnson County		State State
	Street Address 253 North Mayo Trail		☐ Federal
	City, State Zip Paintsville, KY 41240		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$50,354.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Kenton County		State State
	Street Address 1055 Eaton Drive		☐ Federal
	City, State Zip Ft. Wright, KY 41017		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$198,877.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knott County		State State
	Street Address P.O. Box 869		☐ Federal
	City, State Zip Hindman, KY 41822		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$31,311.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Knox County		State State
	Street Address 200 Daniel Boone Drive		☐ Federal
	City, State Zip Barbourville, KY 40906		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$59,252.00	N	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	- 2741	ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	DJUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name LaRue County		State State
	Street Address 208 College St.		☐ Federal
	City, State Zip Hodgenville, KY 42748		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$33,293.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Laurel County		State State
	Street Address 718 North Main St.		☐ Federal
	City, State Zip London, KY 40741		Other:
		8	Method of Payment:
2	KDE Contact Information:	M .	Federal Cash Request
	Program Consultant – Phone # See attached listing	1//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	1	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$125,464.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lawrence County		State State
	Street Address 50 Bulldog Lane		☐ Federal
	City, State Zip Louisa, KY 41230		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$33,368.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lee County		State State
	Street Address P.O. Box 668		☐ Federal
	City, State Zip Beattyville, KY 41311		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$13,715.00	N	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	- 2-1.1	ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	DJUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Leslie County		State State
	Street Address P.O. Box 949		☐ Federal
	City, State Zip Hyden, KY 41749		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$23,116.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Letcher County		State State
	Street Address 224 Park Street		☐ Federal
	City, State Zip Whitesburg, KY 41858		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		<u>.</u>
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds)	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$42,800.00		specific program guidelines to be disseminated by
6	Period of Award: Population & P	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lewis County		State State
	Street Address P.O. Box 159		☐ Federal
	City, State Zip Vanceburg, KY 41179		Other:
		8	Method of Payment:
2	KDE Contact Information:	111 -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$31,178.00)	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lincoln County		State State
	Street Address P.O. Box 265		☐ Federal
	City, State Zip Stanford, KY 40484		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$52,440.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD T ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Livingston County		State State
	Street Address P.O. Box 219		☐ Federal
	City, State Zip Smithland, KY 42081		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7/	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$16,073.00)	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Logan County		State ■
	Street Address P.O. Box 417		☐ Federal
	City, State Zip Russellville, KY 42276		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III _	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7/	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$48,134.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD FOR
12	Consortia/Partnership Members: N/A	E	SS
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ludlow Ind.		State State
	Street Address 525 Elm Street		☐ Federal
	City, State Zip Ludlow, KY 41016		Other:
		8	Method of Payment:
2	KDE Contact Information:	1 m -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$11,830.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TOK
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	JUST	MENT
	KENTHERY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Lyon County		State State
	Street Address 217 Jenkins Road		☐ Federal
	City, State Zip Eddyville, KY 42038		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$12,029.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Madison County		State State
	Street Address P.O. Box 768		☐ Federal
	City, State Zip Richmond, KY 40475		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$157,706.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Magoffin County		State State
	Street Address P.O. Box 109		☐ Federal
	City, State Zip Salyersville, KY 41465		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	II	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$28,128.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marion County		State State
	Street Address 755 E Main Street		☐ Federal
	City, State Zip Lebanon, KY 40033		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$43,603.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Marshall County		State State
	Street Address 86 High School Road		☐ Federal
	City, State Zip Benton, KY 42025		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$65,699.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Martin County		State State
	Street Address P.O. Box 366		☐ Federal
	City, State Zip Inez, KY 41224		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7/	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$27,465.00)	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	U I fine	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mason County		State State
	Street Address PO Box 130		☐ Federal
	City, State Zip Maysville, KY 41056		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ ·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$37,382.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mayfield Ind.		State State
	Street Address 914 East College Street		☐ Federal
	City, State Zip Mayfield, KY 42066		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$22,628.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCracken County		State State
	Street Address 435 Berger Road		☐ Federal
	City, State Zip Paducah, KY 42001		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$94,426.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McCreary County		State State
	Street Address 120 Raider Way		☐ Federal
	City, State Zip Stearns, KY 42647		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	76	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$38,250.00).	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAR	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name McLean County		State State
	Street Address P.O. Box 245		☐ Federal
	City, State Zip Calhoun, KY 42327		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$22,105.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Meade County		State State
	Street Address P.O. Box 337		☐ Federal
	City, State Zip Brandenburg, KY 40108		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	76	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$68,698.00)	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Menifee County		State State
	Street Address P.O. Box 110		☐ Federal
	City, State Zip Frenchburg, KY 40322		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		<u>.</u>
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$14,991.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Mercer County		State State
	Street Address 371 East Lexington Street		☐ Federal
	City, State Zip Harrodsburg, KY 40330		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$39,826.00		specific program guidelines to be disseminated by
6	Period of Award:	DAL	KDE Program Contacts.
			LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14		J1 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	
12	July 1, 2015-Septmerber 30, 2016 Consortia/Partnership Members: N/A Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA ADA AUTHORIZED BY (Name/Title): Nicole Crosthwaite, Budget Branch	of E	SS

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Metcalfe County		State State
	Street Address 1007 W. Stockton		☐ Federal
	City, State Zip Edmonton, KY 42129		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$21,016.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔ	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A	E	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	JUST	MENT
	KENTHCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Middlesboro Ind.		State State
	Street Address P.O. Box 959		☐ Federal
	City, State Zip Middlesboro, KY 40965		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing		Expenditure Reimbursement
	Street Address 500 Mero Street	$\mathcal{L}I$	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$16,832.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Monroe County		State State
	Street Address 309 Emberton St.		☐ Federal
	City, State Zip Tompkinsville, KY 42167		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$25,298.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Montgomery County		State ■ State ■ State ■ State ■ State ■ State
	Street Address 700 Woodford Drive		☐ Federal
	City, State Zip Mt Sterling, KY 40353		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7/	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$64,038.00)	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Morgan County		State State
	Street Address P.O. Box 489		☐ Federal
	City, State Zip West Liberty, KY 41472		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$28,157.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD T ON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Muhlenberg County		State State
	Street Address 510 West Main St.		☐ Federal
	City, State Zip Powderly, KY 42367		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$68,278.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Murray Ind.		State State
	Street Address 208 South 13th Street		☐ Federal
	City, State Zip Murray, KY 42071		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$21,812.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nelson County		State State
	Street Address P.O. Box 2277		☐ Federal
	City, State Zip Bardstown, KY 40004		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$63,408.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD T ON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Newport Ind.		State State
	Street Address 301 East 8th Street		☐ Federal
	City, State Zip Newport, KY 41071		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$23,348.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Nicholas County		State State
	Street Address 395 West Main Street		☐ Federal
	City, State Zip Carlisle, KY 40311		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$15,269.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Ohio County		State State
	Street Address P.O. Box 70		☐ Federal
	City, State Zip Hartford, KY 42347		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$56,228.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Oldham County		State State
	Street Address P.O. Box 218		☐ Federal
	City, State Zip Buckner, KY 40010		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$170,710.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	# # N.H.	LD TOIL
12	Consortia/Partnership Members: N/A		S
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owen County		State State
	Street Address 1600 Highway 22E		☐ Federal
	City, State Zip Owenton, KY 40359		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
	~ LV7/ (Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$25,874.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TOK
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTHCKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owensboro Ind.		State State
	Street Address P.O. Box 249		☐ Federal
	City, State Zip Owensboro, KY 42302		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	76	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$64,406.00)	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Owsley County		State State
	Street Address P.O. Box 340		☐ Federal
	City, State Zip Booneville, KY 41314		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$9,772.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD T ON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paducah Ind.		State State
	Street Address P.O. Box 2550		☐ Federal
	City, State Zip Paducah, KY 42003		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$39,794.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paintsville Ind.		State State
	Street Address 305 2nd Street		☐ Federal
	City, State Zip Paintsville, KY 41240		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ ·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$11,089.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Paris Ind.		State State
	Street Address 310 West 7th Street		☐ Federal
	City, State Zip Paris, KY 40361		Other:
		8	Method of Payment:
2	KDE Contact Information:	V III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$9,859.00	7	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I ON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	DJUS1	TMENT
	KENTLICKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	UI	Date: January 20, 2016
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pendleton County		State State
	Street Address 2525 Highway 27 N		☐ Federal
	City, State Zip Falmouth, KY 41040		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$33,161.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Perry County		State State
	Street Address 315 Park Avenue		☐ Federal
	City, State Zip Hazard, KY 41701		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$54,659.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pike County		State State
	Street Address P.O. Box 3097		☐ Federal
	City, State Zip Pikeville, KY 41502		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds	9	Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$121,438.00	, and the	specific program guidelines to be disseminated by
6	Period of Award:	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J I Ilm	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pikeville Ind.		State State
	Street Address 148 Second St.		☐ Federal
	City, State Zip Pikeville, KY 41501		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$17,132.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pineville Ind.		State State
	Street Address 401 Virginia Avenue		☐ Federal
	City, State Zip Pineville, KY 40977		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$6,757.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Powell County		State State
	Street Address P.O. Box 430		☐ Federal
	City, State Zip Stanton, KY 40380		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds	9	Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$32,365.00	, and the second	specific program guidelines to be disseminated by
6	Period of Award:	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	✓1 lm	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Pulaski County		State
	Street Address P.O. Box 1055		☐ Federal
	City, State Zip Somerset, KY 42502		Other:
		8	Method of Payment:
2	KDE Contact Information:	V III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$110,654.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	E/OUL	ILD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	DJUST	TMENT
	KENTHCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	O1 L	Date: January 20, 2016
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Raceland Ind.		State State
	Street Address 600 Ram Boulevard		☐ Federal
	City, State Zip Raceland, KY 41169		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$14,487.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Robertson County		State State
	Street Address P.O. Box 108		☐ Federal
	City, State Zip Mt Olivet, KY 41064		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$4,844.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	OF L	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rockcastle County		State State
	Street Address 245 Richmond Street		☐ Federal
	City, State Zip Mt Vernon, KY 40456		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$38,715.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Rowan County		State State
	Street Address 121 East Second Street		☐ Federal
	City, State Zip Morehead, KY 40351		Other:
		8	Method of Payment:
2	KDE Contact Information:	W -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$43,723.00	N	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	TMENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell County		State State
	Street Address P.O. Box 440		☐ Federal
	City, State Zip Jamestown, KY 42629		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III _	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$40,480.00		specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A	F	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russell Ind.		State State
	Street Address 409 Belfont Street		☐ Federal
	City, State Zip Russell, KY 41169		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$30,638.00		specific program guidelines to be disseminated by
6	Period of Award: Property & Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Russellville Ind.		State State
	Street Address 355 South Summer Street		☐ Federal
	City, State Zip Russellville, KY 42276		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$13,928.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Science Hill Ind.		State State
	Street Address 6007 North Highway 27		☐ Federal
	City, State Zip Science Hill, KY 42553		Other:
		8	Method of Payment:
2	KDE Contact Information:	1 111 -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	1	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$6,176.00	7	specific program guidelines to be disseminated by
6	Period of Award: Profile Profi	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	DJUS1	MENT
	KENTLICKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	O1 L	Date: January 20, 2016
	Division of Budgets & Financial Managemen	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Scott County		State State
	Street Address P.O. Box 578		☐ Federal
	City, State Zip Georgetown, KY 40324		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
	(N7)		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$119,893.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A	E	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al)JUS1	MENT
	KENTHCKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	VI	Date: January 20, 2016
	Division of Budgets & Financial Managemen	<u>it</u>	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Shelby County		State State
	Street Address P.O. Box 159		☐ Federal
	City, State Zip Shelbyville, KY 40066		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$94,659.00		specific program guidelines to be disseminated by
6	Period of Award:	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14		J1 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	
	Consortia/Partnership Members: N/A Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA ADA AUTHORIZED By (Name/Title): Nicole Crosthwaite, Budget Branch	of E	MENT Date: January 20, 2016

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Silver Grove Ind.		State State
	Street Address P.O. Box 400		☐ Federal
	City, State Zip Silver Grove, KY 41085		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$2,221.00		specific program guidelines to be disseminated by
6	Period of Award: Property & Prope	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J Im	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Simpson County		State State
	Street Address P.O. Box 467		☐ Federal
	City, State Zip Franklin, KY 42135		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$40,481.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Somerset Ind.		State State
	Street Address 305 N College St		☐ Federal
	City, State Zip Somerset, KY 42502		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$22,471.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Southgate Ind.		State State
	Street Address Wm Blatt and Evergreen		☐ Federal
	City, State Zip Southgate, KY 41071		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$2,346.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Spencer County		State State
	Street Address 207 W. Main Street		☐ Federal
	City, State Zip Taylorsville, KY 40071		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7/	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$39,236.00)	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAD	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- I fine	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Taylor County		State State
	Street Address 1209 East Broadway		☐ Federal
	City, State Zip Campbellsville, KY 42718		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$36,193.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Todd County		State State
	Street Address 205 Airport Road		☐ Federal
	City, State Zip Elkton, KY 42220		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$27,309.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trigg County		State State
	Street Address 202 Main Street		☐ Federal
	City, State Zip Cadiz, KY 42211		Other:
		8	Method of Payment:
2	KDE Contact Information:	M .	Federal Cash Request
	Program Consultant – Phone # See attached listing	1//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$27,730.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	- 1 fine	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Trimble County		State State
	Street Address P.O. Box 275		☐ Federal
	City, State Zip Bedford, KY 40006		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$18,673.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Union County		State State
	Street Address 510 South Mart Street		☐ Federal
	City, State Zip Morganfield, KY 42437		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$31,365.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Walton Verona Ind.		State State
	Street Address 16 School Road		☐ Federal
	City, State Zip Walton, KY 41094		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$21,958.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Warren County		State State
	Street Address P.O. Box 51810		☐ Federal
	City, State Zip Bowling Green, KY 42102		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing		Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$200,730.00	N	specific program guidelines to be disseminated by
6	Period of Award:	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTOR
12	Consortia/Partnership Members: N/A	F	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	OF L	Date: January 20, 2016
	Division of Budgets & Financial Managemen	ıt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Washington County		State State
	Street Address 120 Mackville Hill Road		☐ Federal
	City, State Zip Springfield, KY 40069		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	7	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$22,760.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔ	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A	F	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	OF E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wayne County		State
	Street Address 534 Albany Road		☐ Federal
	City, State Zip Monticello, KY 42633		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	4//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	76	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
	(V7)		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$44,770.00	7	specific program guidelines to be disseminated by
6	Period of Award: Professional P	DAE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		IED FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTHERY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	O1 II	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Webster Co		State State
	Street Address 28 State Rt. 1340		☐ Federal
	City, State Zip Dixon, KY 42409		Other:
		8	Method of Payment:
2	KDE Contact Information:	III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$30,062.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	J 1	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name West Point Ind.		State State
	Street Address P. O. Box 367		☐ Federal
	City, State Zip West Point, KY 40177		Other:
		8	Method of Payment:
2	KDE Contact Information:	III	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	76	☐ Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	11	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$1,997.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔ	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD I OII
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Whitley County		State State
	Street Address 300 Main St.		☐ Federal
	City, State Zip Williamsburg, KY 40769		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$57,920.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamsburg Ind.		State State
	Street Address 1000 Main Street		☐ Federal
	City, State Zip Williamsburg, KY 40769		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$10,952.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD TON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Williamstown Ind.		State State
	Street Address 300 Helton Street		☐ Federal
	City, State Zip Williamstown, KY 41097		Other:
		8	Method of Payment:
2	KDE Contact Information:	1111	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$11,665.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔ	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ILD TON
12	Consortia/Partnership Members: N/A	E	5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	DJUST	MENT
	KENTHCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	VI	Date: January 20, 2016
	Division of Budgets & Financial Managemer	<u>it</u>	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Wolfe County		State State
	Street Address P.O. Box 160		☐ Federal
	City, State Zip Campton, KY 41301		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		_ ·
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	,	☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$17,842.00	1	specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DΔE	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LDTON
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTLICKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	-1 1-	Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Woodford County		State State
	Street Address 330 Pisgah Pike		☐ Federal
	City, State Zip Versailles, KY 40383		Other:
		8	Method of Payment:
2	KDE Contact Information:	M -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4/	Expenditure Reimbursement
	Street Address 500 Mero Street	1//	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite	-	Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:	71	Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds	y	Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
	(V7) ()		Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095	111	
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$55,723.00	1	specific program guidelines to be disseminated by
6	Period of Award: Decicient & Dec	DΛΕ	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		ED FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AD	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Total		State State
	Street Address		☐ Federal
	City, State Zip , KY		Other:
		8	Method of Payment:
2	KDE Contact Information:	I III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	4//	Expenditure Reimbursement
	Street Address 500 Mero Street	1/	Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		Quarterly
	Fund Source State General Funds		☐ Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development: \$9,126,154.00		specific program guidelines to be disseminated by
6	Period of Award: PROFICIENT & PRE	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016		LD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA AL	JUST	MENT
	KENTUCKY DEPARTMENT	or E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch		Date: January 20, 2016
	Division of Budgets & Financial Managemen	t	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name		State
	Street Address		☐ Federal
	City, State Zip , KY		Other:
		8	Method of Payment:
2	KDE Contact Information:	V III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	HII	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development:	1	specific program guidelines to be disseminated by
6	Period of Award: Declar & Dec	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	E PAIR	ILD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	DJUST	TMENT
	KENTHCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	U1 L	Date: January 20, 2016
	Division of Budgets & Financial Managemer	nt	

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name		State
	Street Address		☐ Federal
	City, State Zip , KY		Other:
		8	Method of Payment:
2	KDE Contact Information:	V III -	Federal Cash Request
	Program Consultant – Phone # See attached listing	HII	Expenditure Reimbursement
	Street Address 500 Mero Street		Automatic Payment
	Budget Contact – Phone # Nicole Crosthwaite		Lump Sum
	Street Address 500 Mero Street		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description Flexible Focus Funds		
	Fund Source State General Funds		Other
	CFDA# N/A		
	MUNIS Project Number Professional Development – 140B	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission
			Other
4	Grant Authority (Source):		
	Professional Development KRS 156.095		
5	Award Amount:	11	Evaluations: Each program will be evaluated per
	Professional Development:		specific program guidelines to be disseminated by
6	Period of Award: Declar & Dec	DAL	KDE Program Contacts.
	July 1, 2015-Septmerber 30, 2016	E PAIR	ILD FOR
12	Consortia/Partnership Members: N/A		5 5
13	Special Instructions/Conditions: REVISED PD WITH MIDYEAR ADA Al	DJUST	TMENT
	KENTHCKY DEPARTMENT	of E	DUCATION
14	Authorized By (Name/Title): Nicole Crosthwaite, Budget Branch	U1 L	Date: January 20, 2016
	Division of Budgets & Financial Managemer	nt	